

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: B087145	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/02/2015
NAME OF PROVIDER OR SUPPLIER BETHEL HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 1316 CHARLOTTE ST WICHITA, KS 67208		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	INITIAL COMMENTS The following citations represent the findings of a resurvey of the above home plus facility on 3/30/15, 3/31/15, and 4/2/15.	S 000		
S 110 SS=E	26-39-103 (c) NOTICE OF RIGHTS AND SERVICES (c) Notice of rights and services. (1) Before admission, the administrator or operator shall ensure that each resident or the resident's legal representative is informed, both orally and in writing, of the following in a language the resident or the resident ' s legal representative understands: (A) The rights of the resident; (B) the rules governing resident conduct and responsibility; (C) the current rate for the level of care and services to be provided; and (D) if applicable, any additional fees that will be charged for optional services. (2) The administrator or operator shall ensure that each resident or the resident ' s legal representative is notified in writing of any changes in charges or services that occur after admission and at least 30 days before the effective date of the change. The changes shall not take place until notice is given, unless the change is due to a change in level of care. This STANDARD is not met as evidenced by: KAR 26-39-103(c)(1)(C) The facility reported a census of 8 residents. The sample included 3 residents. Based on record review and interview for 2 (#101 and #102) of 3 residents sampled, the operator failed to ensure before admission that each resident or the	S 110		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S 110	<p>Continued From page 1</p> <p>resident's legal representative was informed, both orally and in writing, of the current rate for the level of care and services to be provided.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Record review for resident #101 revealed an admission date of 10/1/14 and diagnoses of Parkinson's disease, congestive heart failure, muscle weakness, paralysis, hypertension, atrial fibrillation, and diabetes mellitus. <p>The functional capacity screen dated 10/1/14 indicated the resident required physical assistance with bathing, dressing, toileting, transferring, mobility, and eating; was unable to perform management of medications and treatments and was at risk for falls.</p> <p>The negotiated service agreement/health care service plan dated 10/1/14 documented facility staff provided physical assistance with bathing, dressing, toileting, transferring, mobility, eating, and administration of medications and treatments.</p> <p>Review of the "Admissions Agreement" signed by the resident's responsible party and licensed nurse #A on 10/1/14 revealed the lack of a monthly fee to be paid by the resident and/or responsible party in order to ensure the resident's right to occupy the room and receive services from the facility.</p> <p>At 2:00 p.m. on 3/31/15, licensed nurse #A confirmed the resident's admission agreement lacked the monthly rate for level of care and services.</p> <p>The operator failed to ensure before admission</p>	S 110		

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S 110	<p>Continued From page 2</p> <p>that resident #101 or the resident's legal representative was informed, both orally and in writing, of the current rate for the level of care and services to be provided.</p> <p>- Record review for resident #102 revealed an admission date of 10/1/14 and diagnoses of stroke, diabetes mellitus, dementia, and hypertension.</p> <p>The functional capacity screen dated 10/1/14 indicated resident required physical assistance with bathing, dressing, toileting, transferring, mobility, and eating; was unable to perform management of medications and treatments, and was at risk for falls.</p> <p>The negotiated service agreement/health care service plan dated 10/1/14 documented facility staff provided physical assistance with bathing, dressing, toileting, transferring, mobility, eating, and administration of medications and treatments.</p> <p>Review of the "Admissions Agreement" signed by the resident's responsible party and licensed nurse #A on 10/1/14 revealed the lack of a monthly fee to be paid by the resident and/or responsible party in order to ensure the resident's right to occupy the room and receive services from the facility.</p> <p>At 2:00 p.m. on 3/31/15, licensed nurse #A stated resident had not been paying a monthly rate since admission because licensed nurse #A had not yet determined the monthly rate for the resident's care and services. Licensed nurse #A confirmed the Admission Agreement lacked this information for a zero monthly rate payment.</p>	S 110		

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S 110	Continued From page 3 The operator failed to ensure before admission that resident #102 or the resident's legal representative was informed, both orally and in writing, of the current rate for the level of care and services to be provided.	S 110		
S5300 SS=E	26-42-205 (d) (1-2) Facility Administration of Medications (d) Home administration of resident ' s medications. If a home is responsible for the administration of a resident ' s medications, the administrator or operator shall ensure that all medications and biologicals are administered to that resident in accordance with a medical care provider ' s written order, professional standards of practice, and each manufacturer ' s recommendations. The administrator or operator shall ensure that all of the following are met: (1) Only licensed nurses and medication aides shall administer and manage medications for which the home has responsibility. (2) Medication aides shall not administer medication through the parenteral route. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(d) The facility reported a census of 8 residents. The sample included 3 residents. Based on record review and interview for 2 (#100 and #102) of 3 residents sampled, the operator failed to ensure a medication was administered to the resident according to a medical care provider's written order.	S5300		

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S5300	<p>Continued From page 4</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Record review for resident #100 revealed an admission date of 1/12/11 and diagnoses of muscular degeneration and chronic obstructive pulmonary disease. <p>The functional capacity screen dated 9/15/14 indicated the resident was unable to perform management of medications and treatments. The negotiated service agreement/health care service plan documented medications administered by certified medication aides and licensed nurses.</p> <p>Comparison of the 3/1/15 through 3/31/15 medication administration record (MAR) and written medical care provider's orders revealed the lack of a medical care provider's written order for Konsyl 1 packet mixed in water or juice by mouth every day for constipation, hold for loose stools. The entry on the MAR had "PRN" (as needed) handwritten over a printed clock time for the frequency of the medication administration. The resident's record contained a physician's order sheet signed by the medical care provider 2/3/15 with the written order for the medication to be administered routinely every day. The 2/1/15 through 2/28/15 MAR contained the entry for Konsyl 1 packet mixed in water or juice by mouth every day for constipation, hold for loose stools. The entry contained a handwritten "PRN 2/1/15." The resident's record lacked a medical care provider's order to change the medication from routine to as needed on 2/1/15.</p> <p>At 10:55 a.m. on 3/31/15 licensed nurse #A stated he/she could not find a medical care provider's order to administer the medication as</p>	S5300		

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S5300	<p>Continued From page 5</p> <p>needed for the resident.</p> <p>The operator failed to ensure a medication was administered to resident #100 according to a medical care provider's written order.</p> <p>- Record review for resident #102 revealed an admission date of 10/1/14 and diagnoses of stroke, diabetes mellitus, and hypertension.</p> <p>The functional capacity screen dated 10/1/14 indicated the resident was unable to perform management of medications. The negotiated service agreement/health care service plan dated 10/1/14 contained the service of medications administered by certified medication aides and licensed nurses.</p> <p>Comparison of the 3/1/15 through 3/31/15 medication administration record (MAR) and written medical care provider's orders revealed the lack of an entry on the MAR for Nitrostat (taken to relieve chest pain) 0.4 milligram one tablet sublingual every 5 minutes, up to 3 tablets and call physician if chest pain not relieved. The Nitrostat order was included in the admission medication orders dated 10/1/14.</p> <p>At 10:45 a.m. on 3/31/15, licensed nurse #A confirmed the resident's MAR lacked an entry for the medication as ordered by the medical care provider.</p> <p>The operator failed to ensure a medication was administered to resident #100 according to a medical care provider's written order.</p>	S5300		
S5313 SS=F	26-42-205 (g) (3) Over the counter medication	S5313		

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S5313	<p>Continued From page 6</p> <p>(g) (3) A licensed nurse or medication aide may accept over-the-counter medication only in its original, unbroken manufacturer ' s package. A licensed pharmacist or licensed nurse shall place the full name of the resident on the package. If the original manufacturer ' s package of an over-the-counter medication contains a medication in a container, bottle, or tube that can be removed from the original package, the licensed pharmacist or a licensed nurse shall place the full name of the resident on both the original manufacturer ' s medication package and the medication container.</p> <p>This REQUIREMENT is not met as evidenced by: KAR 26-42-205(g)(3)</p> <p>The facility reported a census of 8 residents. The sample included 3 residents. Based on interview, observation, and record review for all residents receiving medication management, the operator failed to ensure a licensed pharmacist or a licensed nurse placed the full name of the resident on over-the-counter medication packaging.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Review of the resident roster revealed the facility provided medication management for the 8 residents living in the facility. <p>At 9:45 a.m. on 3/31/15, certified medication aide (CMA) #B opened the locked medication storage closet. Observed a basket that contained over-the-counter medications as follows:</p>	S5313		

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S5313	<p>Continued From page 7</p> <p>Magnesium citrate (laxative) one bottle.</p> <p>Acetaminophen (pain/fever relief) 500 milligram tablets one bottle with "Stock" handwritten on bottle.</p> <p>Acetaminophen 650 milligram tablets one bottle.</p> <p>Ibuprofen (pain/fever relief) 200 milligram tablets one bottle.</p> <p>Iron (supplement) 65 milligram tablets one bottle.</p> <p>Milk of magnesia (laxative) one bottle.</p> <p>Robafen (liquid cough medication) one bottle.</p> <p>Halls cough drops one package.</p> <p>None of the over-the-counter medication containers were labeled with the first and last name of a resident.</p> <p>At 10:00 a.m. on 3/31/15, licensed nurse #A stated the over-the-counter medications were for residents to receive if could not get the medication from the pharmacy. Licensed nurse #A confirmed certified medication aides administered over-the counter medications to more than one resident from the same container that was not labeled with one resident's first and last name.</p> <p>The operator failed to ensure a licensed pharmacist or a licensed nurse placed the full name of the resident on over-the-counter medication packaging.</p>	S5313		